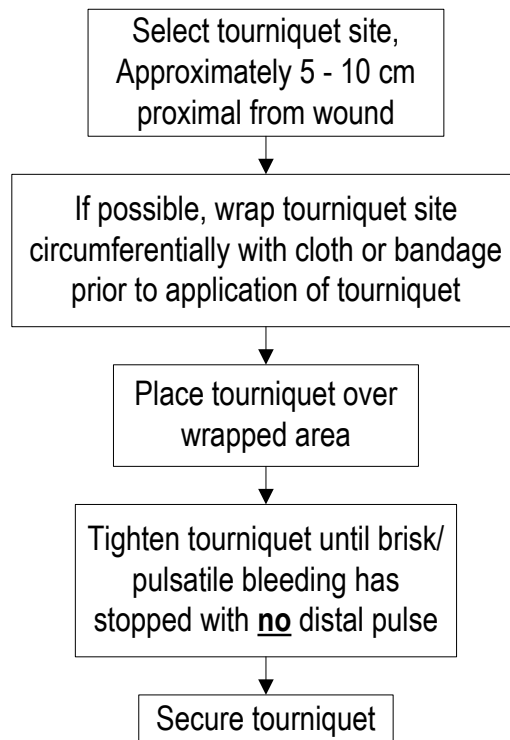


Initial: 2/17/10
Reviewed/revised:
Revision:

**MILWAUKEE COUNTY EMS
PRACTICAL SKILL
TOURNIQUET
APPLICATION**

Approved by: Ronald Pirrallo, MD, MHSA
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Purpose:		Indications:	
To stop uncontrolled extremity hemorrhage		Uncontrolled extremity hemorrhage not responsive to direct pressure	
Advantages:	Disadvantages:	Complications:	Contraindications:
Can be secured in place to control hemorrhage	May be painful	Ischemia of extremity with prolonged use (usually over 2 hours)	Only to be used on the extremities, and not the torso, face, head, or neck Not to be used on limbs with dialysis fistulas except in cases of traumatic penetration, amputation, or crush injury without response to direct pressure



NOTES:

- Whenever possible, tourniquets should be applied over circumferential clothing remnant or gauze/kling wrap in order to reduce the possibility of skin injury.
- Tourniquets are applied to the injured extremity approximately 5-10 cm proximal to (above) the wound. They should never be applied on a joint. In such cases, the tourniquet can be moved distally (below) or proximally (above) - preferably distal - to the joint.
- A tourniquet should be tightened until brisk/pulsatile bleeding ceases, and there are no detectable distal pulses. The wound may continue to ooze.
- Once placed, a tourniquet should not be removed except under the orders of a physician.